

CHEMICAL DEPENDENCY AND THE ELDERLY



Publication No. (ADP) 99-5721

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Chemical Dependency and the Elderly

Alcohol and other drug abuse by the elderly are a largely hidden problem. While the rate of misuse and abuse of prescription and other drugs is much higher for this age group than for younger adults, these problems are less likely to be detected or treated. Relatively few chemically dependent elderly are treated in chemical dependency programs.

Prescription medication misuse is the most common form of drug abuse among the elderly. Prescription drugs are used at much greater rates by older people than other age groups. The elderly make up 11 percent of U.S. population, yet they account for 25 to 33 percent of the prescription drugs used each year.

Prevalence

Estimates of chemical dependency problems among U.S. elderly range from 2 to 10 percent, or between 500,000 and 2.5 million people over the age of 55. If these estimates are applied to Florida, between 46,000 and 235,000 elderly people there have chemical dependency problems. In nursing homes, 20 to 50 percent of elderly residents have alcohol-related problems.

Characteristics

Many life-changing events place the elderly at risk for chemical dependency problems. They retire and begin to outlive spouses, friends and family members, and lose accustomed life roles. Often they also have to cope with limited financial resources and physical ailments that limit their activities. These problems and the lower self-esteem that may result increase the likelihood of alcohol and other drug abuse.

Alcohol and Other Drug Abuse

Alcohol problems among the elderly are typically categorized into early- and late-onset alcoholism. Early-onset alcoholism is used to describe individuals who experienced chemical dependency problems in early and middle adulthood that carried over into late adulthood. Late-onset alcoholism refers to those who develop chemical dependency problems later in life in reaction to the stresses of aging.

There is some evidence of illicit drug use among the elderly involving marijuana, LSD and some opiates. Polydrug abuse is also evident among this population and alcohol may be used in combination with psychoactive drugs, amphetamines, or barbiturates.

Medication Misuse

Elderly people are more likely than younger people to suffer from ailments such as heart disease, hypertension, arthritis, rheumatism and mental difficulties. Cardiovascular medication, tranquilizers, diuretics, and sedatives are most frequently prescribed to treat these problems. Additionally, older people often use and misuse over-the-counter (OTC) drugs to treat a variety of health problems. Since metabolism rates slow down considerably as we age, many prescription and OTC medications stay in the body longer and increase the likelihood of harmful drug interactions (Braude 1986).

There are several underlying causes for medication misuse among the elderly. Many need two or more prescription medications to handle one or more ailments or chronic illnesses. One drug may counteract or strengthen the effects of another, thus increasing the potential for harm (Braude 1986). Older people often get prescription medications from several different doctors who may be unaware of drugs already being used or the possibility of frequent alcohol use. The resulting drug toxicity from multiple drug use can lead to confusion, sedation, cardiac difficulties, and other problems.

Some medication misuse is due to the fact that many elderly people simply do not understand proper drug use. They often inappropriately use medications intended for therapeutic purposes or attempt to medicate themselves. It is important that pharmacists are aware of all prescriptions and OTC medications being used by their elderly patients so harmful drug interactions can be prevented. It is important that instructions for prescription drug use are easily understood. If the patient cannot read or has trouble seeing, medications can be color-coded or categorized to help prevent harmful drug combinations.

Intervention and Treatment Issues

Identifying elderly persons in need of services can be very difficult because they are often retired, live away from their families, do little or no driving, and participate in few social activities. This lack of coercive forces can make it difficult to determine if chemical dependency problems exist. Physicians and counselors also find it hard to differentiate between chemical dependency problems and what would be normal physical and mental ailments for this age group.

The stigma attached to chemical dependency problems in older persons fosters denial and makes it difficult to determine the extent of dependency. Individuals often enable their chemically dependent spouses out of a sense of duty, thus increasing the likelihood of denial.

The elderly are often viewed as poor treatment risks because society sees them as physically, mentally and economically unstable. However, successful treatment and recovery are highly possible for this population if intervention and treatment are positive and get to the root of their problems. During intervention and treatment, it is important to build social support networks for the elderly. Programs that reinforce skills and focus on reducing isolation decrease the risk of relapse. Involving spouses and other family members in the treatment and aftercare process helps to educate them about the effects of chemical dependency on the older person and on relationships within the family.

Group treatment raises levels of social interaction among older individuals and helps them get positive support from peers. Some elderly people prefer to be with those in their age group, while others may prefer to participate in multiage groups. Treatment should be done at the pace that is right for each individual. Health problems must also be taken into consideration. Older people with multiple medical problems often need to be treated in an alternative setting, such as a residential care facility.

Treatment should be culturally sensitive and take into account the values, norms, lifestyles, diets, and diseases of various ethnic groups that can have an impact on elderly people. For instance, African Americans, Native Americans, and Hispanics tend to place a great deal of importance on self-sufficiency, pride, and independence. Counselors must take these beliefs and traditions into account when developing treatment plans. Churches, the community, and family are of central importance and can provide excellent support networks for elderly individuals. They can be an integral part of a successful treatment and recovery process.

Conclusion

Efforts to help the chemically dependent elderly individual need to focus on effective assessment, intervention, and treatment. It is important to look beyond the traditional stereotypes of old age and realize that the elderly are often quite capable of successfully recovering from chemical dependency. It is also important that society focus on prevention by building social support networks and working to reduce the isolation that often accompanies growing old.